

Health Home Learning Collaborative

Grievance, Appeals, Member Rights & Guardianship

November 15, 2021

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

Iowa Medicaid Enterprise

Pamela Lester

plester@dhs.state.ia.us

Heidi Weaver

hweaver@dhs.state.ia.us

LeAnn Moskowitz

lmoskow@dhs.state.ia.us

Iowa Total Care

Bill Ocker

Bill.J.Ocker@IowaTotalCare.com

Tori Reicherts

Tori.Reicherts@IowaTotalCare.com

Amerigroup

Sara Hackbart

sara.hackbart@amerigroup.com

David Klinkenborg

david.klinkenborg@amerigroup.com

AGENDA

1. Introductions
 2. Grievance and Appeals.....Bill Ocker ITC
 3. Ombudsman.....Bill Ocker ITC/ Blaine Beatty AGP
 4. Member Rights.....Blaine Beatty AGP
 5. Q&AAll
 6. Open Discussion.....All
- (Open discussion on current issues or barriers, potentially leading to future monthly topics)*

Coming up (Subject to change):

- *December 20, 2021: Member Benefits and Community Resources*

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them, we will address them at the end.

Objectives

- To outline the grievance and appeals process for members and providers.
- To outline State of Iowa Ombudsmen Program.
- To outline member rights

Grievances

An expression of dissatisfaction about any matter other than an adverse benefit determination

Grievance Examples

- **Quality of care** – neglect by staff leading to member harm, care provided below the standard of care, wrong surgery site
- **Customer service** – aspects of interpersonal relationships, such as rudeness of a provider or employee
- **Member rights and dignity** – being treated differently due to income or status
- **Access to care** – unable to get an appointment due to lack of providers in a certain demographic area
- **Transportation issues** – no show, late, safety concerns
- **Disenrollment** – wanting to switch MCOs for various reasons (i.e. family with a different MCO, provider not in network)
 - Disenrollment requests are processed as expedited grievances

Grievance Submission Requirements

- Full name of caller (indicate whether the caller is the member, parent, guardian, provider, etc.)
- Phone number of caller
- If the caller is someone other than the member, do we have a POA or authorization on file?
 - In order to file a grievance on behalf of a member, there must be a Release of Information (ROI) form on file.
- Note – A ROI is only needed when the person calling is not the members guardian or legal representative.

Grievance Submission Requirements (con't)

Complete detail of callers grievance, including:

- Subject of the grievance
- Doctors full name
- Name of facility or place of complaint
- Time and date the issue occurred,
- Phone number of physician, facility, or vendor, etc.)
- Advise caller of turnaround expectation (expedited is 72 hours, standard is 30 days).

Appeals

An appeal is a right given to a member to request another review of an adverse benefit determination also known as a denied authorization.

Appeal Examples

- Denial of authorization for service, in whole or in part (i.e., physical therapy, diabetic supplies)
- Reduction or termination of HCBS services or units
- Denied medication request

How to submit an appeal

Iowa Total Care

- Members can request an appeal over the phone by calling member services and requesting an appeal
 - A signed/dated document requesting an appeal is required from the member
 - Call Center should send **ALL** verbal phone request for appeal to the Appeal Dept.
 - The Appeal Department will be responsible for obtaining the written request.
 - The Grievance/Appeal Form from the ITC website can be used
 - It must be signed dated
 - Any written request which is signed/dated is accepted within the designated timeframes.

Phone Appeal Requests

- Please obtain:
 - The name of the caller and what their relationship to the member is
 - A current phone number where the member/caller can be contacted
 - What the appeal or request is regarding
 - Document the outcome the member is seeking

ITC Appeal Form



1080 Jordan Creek Parkway
Suite 100 South
West Des Moines, IA 50266

Appeal Form

You may file an appeal by phone, fax, or in writing. We will ask you to confirm a verbal request in writing unless the appeal is expedited. You may call us and complete this form or you may write a letter that includes the information requested below. We can be reached at:

Iowa Total Care
Appeals Department
1080 Jordan Creek Parkway
Suite 100 South
West Des Moines, IA 50266
Fax 1-833-809-3868
Phone (toll-free) 1-833-404-1061
TDD/TTY 711
AppealsGrievances@IowaTotalCare.com

Member's Name: _____

Medicaid #: _____

Street Address: _____

City, State, Zip: _____

Member Phone Number: _____

Tracking Number (Found in upper left hand corner of denial letter): _____

Additional information to support the appeal, (or attach): Signature of Member or Representative:

Relationship to Member: ☐ Self ☐ Parent ☐ Guardian ☐ Other

*If "other" explain:

Daytime Phone #: _____ Date: _____

1-833-404-1061
TTY: 711

IowaTotalCare.com

AGP Appeal Form



Request for Appeal (Member Form)

To ask for an appeal, please fill out and mail us this form. It will help us look at your request. We will send you a letter within three working days to let you know we got the form. We will send you a letter within 30 calendar days of the date you called us to let you know what we decide.

Member Name: _____

Parent's or Guardian's Name (if service is for a child): _____

Amerigroup ID#: _____

Reference Number: _____

Name of doctor who wants to give or who gave you the service: _____

Doctor office address: _____

Doctor office phone number(s): _____ / _____

Type of service you want or got: _____

Why you want or got the service: _____

Date you had or want to have the service: _____

Why you are asking for an appeal: _____

Sign and send this form to:

Central Appeals Processing
Amerigroup Iowa, Inc.
4800 Westown Parkway Suite 200
West Des Moines, IA 50266
Fax: 844-400-3465

Signature: _____ Date: _____

Member, Parent, Legal Guardian or Authorized Representative*

*An authorized representative must be named by the member, parent or legal guardian. The provider may act on behalf of the member with the member's/responsible party's written consent. An authorized representative cannot make health care decisions that involve the financial responsibility of the member, parent or legal guardian unless it is put in writing.

www.myamerigroup.com/IA

MF-IA-0039-17

IA Request for Appeal Member Form ENG HL

How to submit an appeal

- Appeals can be submitted via phone, fax, e-mail, or mail
 - Phone: 833-404-1061
 - Fax: 833-809-3868
 - E-mail: appealsgrievances@iowatotalcare.com
 - Mail:
 - Iowa Total Care
1080 S Jordan Creek Parkway
Attn: Appeals
West Des Moines, IA 50266

How to submit an appeal

- If the appeal is being requested by a provider's office, or someone other than the member, a completed Authorized Representative Designation Form will be required
 - Located on the ITC website
 - Provided with the Prior Authorization Denial Letter (from UM, and Envolve)
 - NIA denial letters do not send a blank ARD Form

Authorized Representative Designation Form



Authorized Representative for Managed Care Appeals

This form shall be completed by the Medicaid member or their parent, if the member is a minor. Complete this form to appoint an individual, organization, or provider to act on your behalf during the appeals process. The member and the authorized representative must both sign this form. Legal documentation such as a court order establishing legal guardianship or a power of attorney can be submitted instead to designate a representative.

Appellant Information

First and Last Name		Date of Birth
Case Number	Medicaid ID Number	Telephone Number
Parent's Name, if appellant is minor (under age 18)		
Brief Explanation of What is Being Appealed		

By signing this form, I understand:

- This authorization is at my request. I have the right to refuse to sign this form and that it is strictly voluntary.
- My signature does not waive my right to represent myself.
- My signature does not waive my financial obligation should the appeal be decided in the Department's favor.
- I authorize my Authorized Representative to act on my behalf during my appeal and to have access to all protected health information regarding my appeal and agree that this information may be disclosed to other persons in connection with this appeal
- This authorization automatically expires at the end of the appeals process or if I revoke this permission in writing. I can revoke this authorization by sending a written request by mail or fax to: Department of Human Services, Appeals Section, 1305 E Walnut Street 5th Floor, Des Moines, IA 50319 Fax: (515) 564-4044.

Signature of Appellant or Parent, if appellant is minor	Date Signed
---	-------------

470-5526 (Rev. 3/19)

Appellant Representative Information

Authorized Representative First and Last Name		
Organization or Provider Business Name		
Representative Mailing Address		
City	State	ZIP Code
Relationship to Representative		Representative Telephone Number

By signing this form, the Authorized Representative understands:

As a condition of serving as an authorized representative, I agree to abide by relevant state and federal laws concerning conflicts of interest and confidentiality of information.

If the appellant is physically unable to sign, I, the Authorized Representative, certify that (appellant) _____ is physically unable to sign this form. Describe the physical incapacity affecting the appellant.

Signature of Authorized Representative	Date Signed
--	-------------

Note: This form is not valid for appellants who are mentally unable to sign. If the appellant is mentally unable to sign this form, the person acting on their behalf must submit legal proof of guardianship with the appeal.

Please submit the form to your managed care organization or to the Department of Human Services at the address below.

Amerigroup Iowa Inc Grievances and Appeals Department 4800 Westown Pkwy Ste 200 West Des Moines, IA 50266	Iowa Total Care Attn: Quality Department – Grievance and Appeals Team 1080 Jordan Creek Pkwy Ste 100 S West Des Moines, IA 50266	UnitedHealthcare Community Plan Grievance and Appeals PO Box 31364 Salt Lake City, UT 84131-0364
Delta Dental of Iowa Attn: DWP Appeals and Complaints PO Box 94040 Johnston, IA 50131-9040	MCNA Dental Attn: Grievances and Appeals Department 200 West Cypress Creek Road, Suite 500 Fort Lauderdale, FL 33309	Department of Human Services Appeals Section 1305 E Walnut St 5 th Floor Des Moines, IA 50319 FAX: (515) 564-4044 Email: appeals@dhs.state.ia.us

470-5526 (Rev. 3/19)

Other considerations

- **Envolve/RxAdvance:** this company handles pharmacy prior authorization, reconsideration, and peer-to-peer
 - To check the status of an authorization, submit new information for reconsideration (within 10 days of the denial), or to schedule a peer-to-peer on a pharmacy claim, providers can call Envolve directly at **1-866-399-0928** or fax information to **1-877-386-4695**

Details

- A member appeal must be requested within 60 days after the day the denial letter was mailed to the member.
- The MCO has 30 days to complete a standard appeal and 72 hours to complete expedited appeals.
- If the member is not satisfied with the outcome of the appeal process, they have 120 days to request a State Fair Hearing after the day the appeal determination letter was mailed.

Provider Appeals

- Any post service denial (the service or product has already been provided to the member)
- All claim disputes (wrong payment rec'd, billing errors, correct coding etc.)

Send both to the following:

Iowa Total Care

Attention: Grievance and Appeals Department

P.O. Box 8030

Farmington, MO 63640-8030

How to request a Grievance or Appeal for Amerigroup

We can help you file your appeal or grievance. If you need help filing an appeal or grievance, call us toll free at 1-800-600-4441 (TTY 711) or direct at 515-327-7012 (TTY 711).

Your appeal or grievance request can also be mailed to:

Grievances and Appeals Department
Amerigroup Iowa, Inc.
4800 Westown Parkway, Suite 200
West Des Moines, IA 50266

Grievance Review & Resolution

Amerigroup

- Individuals involved in the previous level of review or decision may not review the grievance
- Clinical grievances must be reviewed by a health care professional with appropriate clinical expertise in treating the member's condition or disease
- Amerigroup will contact the member or provider as necessary to obtain additional information needed to thoroughly review and resolve the member's grievance
- Grievance resolutions will always be communicated to the member in writing

Appeal Review & Resolution

Amerigroup

Individuals involved in the previous level of review or decision may not review the appeal

The Medical Director involved in the appeal review, will hold the same or similar specialty as the treating practitioner and have experience treating the health problem as stated in the appeal

The health plan will provide the member every opportunity to present evidence in person as well as in writing

The resolution will be communicated to the member in writing and provide instructions for fair hearing if the decision is not wholly in favor of the member

How to request a State Fair Hearing

<https://dhs.iowa.gov/appeals>

- You can write a letter explaining the reason you disagree with the Department's decision, or you can complete an Appeal and Request for Hearing form online at [Appeal and Request for Hearing English version](#) or [Appeal and Request for Hearing Spanish version](#).
- If you have questions on how to complete the Appeal and Request for Hearing form, you may call the Appeals Section at **(515) 281-3094**.
- If you are writing a letter or you do not want to complete this form on-line, you can send or take your appeal request to your local office or you can submit it directly to the Appeals Section at:
 - Department of Human Services
Appeals Section
1305 E Walnut Street, 5th Floor
Des Moines, IA 50319
Phone 515-281-3094
FAX 515-564-4044
Email: appeals@dhs.state.ia.us

Iowa Ombudsman Programs

State Ombudsman Program

Function:

- The State (Citizen's Aide) Ombudsman program has authority to investigate administrative actions of government entities.

State Ombudsman Program

- The Citizen's Aide Ombudsman is authorized by Iowa Code Chapter 2C to investigate, on complaint or on the ombudsman's own motion, any administrative action of any state agency.
- The State Ombudsman is not an advocacy organization, but an entity with authority to ensure the State agency is correctly following state and federal rules, regulations and policies.

State Ombudsman Program Cont'd

Data Exchanged:

- The State Ombudsman may make an inquiry to IME, requesting information, background or clarification on a member-specific concern, or concern impacting the service provision.

Notification of MCO:

- Upon inquiry from the State Ombudsman as applicable; in some instances the State Ombudsman may have direct communication with the MCO.

Population:

- Medicaid-eligible members, regardless of service delivery method (managed care or fee-for-service) or services received.

State Ombudsman Program Cont'd

Goal:

- Monitor inquiries from the State Ombudsman to ensure appropriate resolution to member issue; ensure correct regulations, policies and procedures are being followed; and identify any potential systemic issues and put actions in place to mitigate future issues.

IME Staff responsible:

- Federal Compliance Officer
- MCO Account Managers
- IME Member Liaison

Managed Care Ombudsman Program

Function:

- The Managed Care Long-Term Care Ombudsman may provide assistance and advocacy services to eligible recipients and their families or legal representatives to: help members understand their services under Medicaid managed care, track requests for assistance, and assist in preparing and filing complaints and grievances.
- Federal regulations require states that operate Medicaid managed care programs for long-term care members have available independent advocacy services to help members:
 - understand their rights, responsibility, choices and opportunities
 - resolve any problems that arise between the member and their MCO

Managed Care Ombudsman Program Cont'd

- In Iowa, there are two Ombudsman programs. One is for Long-Term Care and the other is for Managed Care Organizations.
 - Long-Term Care Ombudsman program is for facilities
 - Managed Care Ombudsman program meets the Medicaid Managed Care Oversight requirements.
 - The Ombudsman Program is independent from the DHS and IME.

Data Exchanged:

- The Ombudsman may make an inquiry to IME requesting information, background, or clarification on a member-specific concern.

Managed Care Ombudsman Program Cont'd

Notification of MCO:

- The Ombudsman may have direct communication with the MCO before IME.

Population:

- Medicaid-eligible members enrolled with an MCO, receiving long term care services.

MCO Goal:

- Monitor inquiries from the Ombudsman to ensure appropriate resolution to member issue;
- Ensure correct regulations, policies and procedures are being followed; and
- Identify any issues that may be (or have potential to become) systemic and put actions in place to mitigate future issues.

Managed Care Ombudsman Program Cont'd

IME Staff responsible:

- Federal Compliance Officer
- MCO Account Managers
- IME Member Liaison

Ombudsman Program – Iowa Total Care

- Iowa Total Care Senior Manager and Iowa Total Care Compliance works directly with both Ombudsman offices to discuss and facilitate member issues or requests for information.
- Monthly 1:1 meetings with both offices to review open or closed cases and provide updates.
- Ongoing collaboration for general program updates and new implemented initiatives.
- Both Ombudsman offices release a quarterly or annual report that includes information and data on Medicaid and specifically the Managed Care Program.

Ombudsman Program – Amerigroup

- Amerigroup Ombudsman Liaison works directly with both Ombudsman offices to expeditiously facilitate member inquiries or requests for information.
- Monthly 1:1 meetings with both offices to review open or closed cases and provide updates.
- Tracking and trending inquiries to identify any trends or opportunities to improve member experiences.
- Ongoing collaboration for general program updates and new implemented initiatives.
- Both Ombudsman offices release a quarterly or annual report that includes information and data on Medicaid and specifically the Managed Care Program.

Member Rights

Member Rights

- Be treated with respect and dignity
- To take part in the community and work, live and learn as you are able.
- To receive Health Care services.
- Be able to receive Covered Services in a fair manner.
- Be able to make decisions regarding his or her health care, including the right to refuse treatment.
- Be able to choose a representative to help with making care decisions.
- Have an open discussion with your provider about your treatment options, regardless of cost or benefit coverage.
- Be able to take an active part in understanding physical and behavioral health problems and setting treatment goals with your provider.

Member Right's Cont'd

- To receive timely, appropriate and accessible medical care.
- To obtain a second opinion regarding a medical diagnosis.
- To change your MCO as allowed by program policy.
- To appeal a decision, you do not agree with.
- To be treated without discrimination with regards to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.
- Receive information on available treatment options and alternatives
- Create an advance directive.

Take Part In Making Decisions About Your Health Care

- Members have the right to consent to or refuse treatment and actively take part in treatment decisions.
- Not be restrained or secluded if doing so is:
 - For someone else's convenience
 - Meant to force you to do something you do not want to do
 - To get back at you or punish you
- Get health care services that will achieve the purpose for which the services are given.
- Get health care services from out-of-network providers; the out-of-network provider must obtain a prior authorization* and if granted, the member may receive services at a cost no greater than it would be if services were furnished within the network

Exercise Your Rights Without Adverse Effects

- Tell us your complaint or file an appeal about Amerigroup or the care of services you receive from our providers.
- Know the requirements and time frames for filing a grievance or appeal, including:
 - How to get help with the filing process.
 - The toll-free numbers to file by phone.
 - The state fair hearing process, including:
 - The right to a hearing.
 - The rules governing representation at the hearing.
- Make recommendations regarding your rights and responsibilities as an Amerigroup member.
- Voice concerns or complaints to Amerigroup anytime by calling 800-374-3631, ext. 106-103-5185.

Access interpretation services

- Receive these services at no cost to you for all non-English languages, not just those known to be common.
- Education and supports on how to access interpretation services.
- Written materials in your preferred language.
- Written materials in large print, audio, electronic, and other formats.
- Qualified sign language interpreters.

Self Advocacy Resources

- NAMI – Iowa
- Ombudsman Office
- Area Agencies on Aging
- Disability Rights Iowa
- Iowans With Disability In Action

Privacy

- Know your medical record is private; is cared for with dignity and without discrimination.
- Know your medical records and discussions with your providers will be kept private and confidential.
- Receive a copy of your medical records; request additional copies of your medical records; request that the records be amended or corrected.

Accessing Information

Receive information in a manner and format you can understand. That includes:

- Enrollment notices.
- Information about your health plan rules, including the health care services you can get and how to get them.
- Treatment options and alternatives, regardless of cost or whether it is part of your covered benefits.
- A complete description of disenrollment rights at least annually.
- Notice of any key changes in your benefits package at least 30 days before the effective date of the change.
- Information on the grievance, appeal and administrative hearing procedures.
- Information on advance directive policies.
- Basic features of IA Health Link privacy.

References

- **IME Member Handbook**

<https://dhs.iowa.gov/sites/default/files/Comm476.pdf?092720212017>

- **Amerigroup Member Handbook**

https://www.myamerigroup.com/ia/iaia_caid_memberhandbook_eng.pdf

- **Iowa Total Care Member Handbook**

<https://www.iowatotalcare.com/members/medicaid/resources/handbooks-forms.html>

Questions?

Open Discussion

Thank you!